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FOR SE OF FORM 24/48			

FEC Schedule E (Form 24/28) Rev. 09/2013

**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
(Schedule E)PAGE 2 OF 3  
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>Make America Number 1</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00575373	
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>CAMBRIDGE ANALYTICA</b>			Date of Public Distribution/Dissemination MM / DD / YYYY <b>11 / 01 / 2016</b>		
Mailing Address <b>1 WALES ALLEY</b> <b>STE 300</b>			Amount <b>50000.00</b>		
City <b>ALEXANDRIA</b>	State <b>VA</b>	Zip Code <b>22314</b>	Transaction ID : <b>SE291000_45233</b>		
Purpose of Expenditure <b>MEDIA</b>		Category/Type	Date of Disbursement or Obligation MM / DD / YYYY <b>11 / 01 / 2016</b>		
Name of Federal Candidate <b>CLINTON, HILLARY, RODHAM, ,</b>			Office Sought: <input type="checkbox"/> House District: <b>00</b> <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____		
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶		

Full Name of Payee <b>INDIANRUNNER INC</b>			Date of Public Distribution/Dissemination MM / DD / YYYY <b>11 / 02 / 2016</b>		
Mailing Address <b>432 BEIRUT AVENUE</b>			Amount <b>15000.00</b>		
City <b>PACIFIC PALISADES</b>	State <b>CA</b>	Zip Code <b>90272</b>	Transaction ID : <b>SE29100074523</b>		
Purpose of Expenditure <b>AUDIO/VIDEO PRODUCTION</b>		Category/Type	Date of Disbursement or Obligation MM / DD / YYYY <b>10 / 17 / 2016</b>		
Name of Federal Candidate <b>CLINTON, HILLARY, RODHAM, ,</b>			Office Sought: <input type="checkbox"/> House District: <b>00</b> <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____		
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶		

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	<b>515000.00</b>
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

James, Jacquelyn, , ,

[Electronically Filed]

Date

MM / DD / YYYY  
**11 / 02 / 2016**

Signature

**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
(Schedule E)PAGE 3 OF 3  
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>Make America Number 1</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00575373	
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>GLITTERING STEEL LLC</b>			Date of Public Distribution/Dissemination MM / DD / YYYY <b>11 / 01 / 2016</b>		
Mailing Address <b>2776 S. ARLINGTON MILL DRIVE</b> <b>STE 261</b>			Amount <b>37500.00</b>		
City <b>ARLINGTON</b>	State <b>VA</b>	Zip Code <b>22206</b>	Transaction ID : <b>SE23232556</b>		
Purpose of Expenditure <b>MEDIA</b>		Category/Type	Date of Disbursement or Obligation MM / DD / YYYY <b>11 / 01 / 2016</b>		
Name of Federal Candidate <b>CLINTON, HILLARY, RODHAM, ,</b>			Office Sought: <input type="checkbox"/> House District: <b>00</b> <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____		
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶		

Full Name of Payee			Date of Public Distribution/Dissemination MM / DD / YYYY		
Mailing Address			Amount		
City	State	Zip Code	Date of Disbursement or Obligation MM / DD / YYYY		
Purpose of Expenditure		Category/Type			
Name of Federal Candidate			Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input type="checkbox"/> Senate State: _____		
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶		

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<b>37500.00</b>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	
(c) <b>TOTAL</b> Independent Expenditures..... ▶	<b>1352500.00</b>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

James, Jacquelyn, , ,

[Electronically Filed]

Date

MM / DD / YYYY  
**11 / 02 / 2016**

Signature